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CONFIRMATION NO. 9475

<b>SERIAL NUMBER</b> 09/870,946	<b>FILING OR 371(c) DATE</b> 06/01/2001 <b>RULE</b>	<b>CLASS</b> 706	<b>GROUP ART UNIT</b> 2129	<b>ATTORNEY DOCKET NO.</b> 27716.010500	
<b>APPLICANTS</b> David L. Cooper, Fairfax, VA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/240,052 01/29/1999 PAT 6,490,571 which is a CIP of 08/713,470 09/13/1996 PAT 6,009,418 which claims benefit of 60/016,707 05/02/1996					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/14/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 90	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 22191					
<b>TITLE</b> METHOD AND APPARATUS FOR FRACTAL COMPUTATION					
<b>FILING FEE RECEIVED</b> 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		